

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-876)**

SERIAL NO. 09/04/958  
APPLICANT(S)

FILING DATE

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1		1	
2		1		1		1
3		2		1		1
4		2		1		1
5		0		1		1
6		0		1		1
7		0		1		1
8		0		1		1
9		0		1		1
10		0		1		1
11		0		1		1
12	1		1		1	
13		1		1		1
14		2		1		1
15		2		1		1
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TOTAL IND.	2		2		2	
TOTAL DEP.	17		18		19	
TOTAL CLAIMS	19		20		19	

	IND.		DEP.		IND.		DEP.		IND.		DEP.	
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL CLAIMS												

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